

<p style="text-align: center;">APPLICATION FORM FOR TRANSPORTATION FUND FOR CLEAN AIR REGIONAL FUNDS FY 2006/07</p>
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INSTRUCTIONS

Complete Parts 1 through 7 for all applications, with the exception of non-public entities that should not complete Part 6. Also complete the appropriate supplementary project information sheet(s) for your project type (see Parts 8 through 15).

SUBMITTAL

Submit two (2) hard copies of this application form to:

Juan Ortellado
Grant Programs Manager
BAAQMD
939 Ellis Street
San Francisco, CA 94109

All applications must be received by the Air District no later than **4:00 PM Monday, July 24, 2006**.

Hand-delivered applications should be delivered to the above address. Applications will not be accepted via fax or e-mail.

PART 1. SUMMARY INFORMATION

Agency/Project Sponsor Name:

Date of Application:

Primary Contact Person:

Job Title:

Phone # () -

Fax # () -

E-mail:

Mailing Address of Primary Contact:

Secondary Contact Person:

Phone # () -

Fax# () -

E-mail:

Name & Title of Person Authorized to Sign Funding Agreement:

Mailing Address (if different from Primary Contact above):

Project Type (see p. 2 of the *Application Guidance*):

Project Title:

Total Project Cost:

Amount of TFCA Regional Funding Requested:

PART 2. PROJECT DESCRIPTION:

A. Provide a concise description (who, what, when, where, etc.):

B. Explain how this project will reduce emissions from motor vehicles:

C. Name any other participating entities and describe their role in implementing the project:

D. Describe the implementation area for the project (i.e., specific neighborhood or corridor, city, county, etc.):

PART 3. IMPLEMENTATION SCHEDULE:

Provide a detailed implementation schedule, including project start date, completion date, and key milestones. Your implementation schedule must comply with the TFCA project-readiness policy; see Policy #11 in Appendix A of the *Application Guidance*.

Activity or Milestone

Estimated Completion Date

PART 4. BUDGET

Provide total project budget, broken out by major categories of costs: i.e., capital costs, operating expenses, incremental cost of a clean air vehicle, personnel, etc. Capital costs and operating costs must be separately identified. Any indirect costs or TFCA grant administrative costs must be specifically identified as a separate line item. See Appendix C in the TFCA Application Guidance document for explanation of eligible TFCA costs. (Budget may be submitted on a separate sheet.)

<u>Line Item</u>	<u>Estimated Cost</u>	<u>Funding Source</u>
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PART 5. FUNDING

Funding Source	Amount of Funds	Status (Secured, Approval Pending, etc.)
TFCA Regional Funds requested		
TFCA County Program Manager Funds		
Other:		
Total Funds		

List each funding source above. Attach documentation for all matching funds in the form of a resolution, adopted budget, letter of funding commitment, or contract from funding agency. If this documentation is not available to be included with the application, indicate when you will provide it to the Air District.

TFCA matching funds requirement: Project sponsors requesting more than \$150,000 in TFCA Regional Funds must provide matching funds from non-TFCA sources that equal or exceed 10% of the total project cost. (TFCA County Program Manager Funds do not count toward fulfilling this requirement.) See Policy #7 in Appendix A of the *Application Guidance*.

PART 6. CLEAN AIR POLICIES AND PROGRAMS (EVALUATION CRITERION #4) – PUBLIC AGENCIES ONLY

The purpose of Evaluation Criterion #4 is to encourage public agencies to adopt policies and programs to implement the Transportation Control Measures (TCMs) in the *Bay Area 2005 Ozone Strategy*. To apply for points for TFCA Criterion #4, complete the section below. A maximum of 10 points will be awarded. Check the box for each TCM that your agency is implementing. This applies to all TCMs your agency is implementing, not just the TFCA project included as a part of this application. **For each box that you check, provide a brief paragraph on the following page describing: 1) the policies and actions that your agency is planning in order to implement the TCM; and 2) current progress in implementing those policies and actions.** Submission of TCMs without the description will not qualify for points. To obtain a full description of the TCMs, visit the Air District web site at the following address: http://www.baaqmd.gov/pln/plans/ozone/2005_strategy/adoptedfinal_vol2.pdf (see Appendix D - Transportation Control Measure Descriptions)

- ☐ **TCM 1** Support Voluntary Employer-Based Trip Reduction Program
- ☐ **TCM 3** Improve Local and Areawide Bus Service
- ☐ **TCM 4** Upgrade and Expand Local and Improve Regional Rail Service
- ☐ **TCM 5** Improve Access to Rail and Ferries
- ☐ **TCM 6** Improve Interregional Rail Service
- ☐ **TCM 7** Improve Ferry Service
- ☐ **TCM 8** Construct Carpool/Express Bus Lanes on Freeways
- ☐ **TCM 9** Improve Bicycle Access and Facilities
- ☐ **TCM 10** Youth Transportation
- ☐ **TCM 11** Install Freeway Traffic Management Systems
- ☐ **TCM 12** Arterial Management Measures
- ☐ **TCM 13** Transit Use Incentives
- ☐ **TCM 14** Carpool and Vanpool Services and Incentives
- ☐ **TCM 15** Local Land Use Planning and Development Strategies
- ☐ **TCM 16** Public Education/Intermittent Control Measures
- ☐ **TCM 17** Conduct Demonstration Projects
- ☐ **TCM 18** Implement Transportation Pricing Reform
- ☐ **TCM 19** **Improve** Pedestrian Access and Facilities
- ☐ **TCM 20** Promote Traffic Calming Measures

(CONT.) PART 6. CLEAN AIR POLICIES AND PROGRAMS (EVALUATION CRITERION #4) – PUBLIC AGENCIES ONLY

Provide a brief paragraph for each box checked on the previous page, describing: 1) the policies and actions that your agency is planning in order to implement the TCM; and 2) current progress in implementing those policies and actions. (Provide a description only; Air District staff will notify you if supporting documentation is required.)

PART 7. PROJECT INFORMATION (PROVIDE DOCUMENTATION AS NOTED)	<u>Yes</u>	<u>No</u>	<u>N/A</u>
A. Have you attached the required signed Authorizing Letter of Commitment authorizing the submittal of your application and identifying the individual authorized to submit and carry out the proposal?	___	___	
B. Have you attached documentation for all matching funds that will be applied to the project?	___	___	___
C. Will the project directly benefit Disadvantaged and PM Impacted Communities? (See <i>Application Guidance</i> , Evaluation Criterion #5.) To receive points, you must explain which communities will benefit and provide documentation as an attachment to your application.	___	___	

Supplementary Project Information Sheets follow below in this application form. Complete and attach only the appropriate sheet(s) for your project type, as follows:

Ridesharing Projects	Part 8	Public entities only
Shuttle and Feeder Bus Projects, Vanpool Projects -	Part 8 & Part 9	Public entities only
Regional Transit Information Projects -	Part 8	Public entities only
Rail-Bus Integration Projects -	Part 8	Public entities only
Smart Growth & Traffic Calming Projects -	Part 8	Public entities only
Arterial Management & Signal Timing Projects -	Part 10 (Sections A-C)	Public entities only
Transit Bus Traffic Signal Prioritization Projects -	Part 10 (Section D only)	Public entities only
Bicycle Paths, Lanes, and Routes -	Part 11	Public entities only
Bicycle Racks and Lockers -	Part 12	Public entities only
Transit, Shuttle, and School Bus Replacements -	Part 13	Public entities only
Heavy-duty Clean Air Vehicles -	Part 13	Public and non-public entities
Repowers to Existing Engines -	Part 14	Public and non-public entities
Retrofits to Existing Engines -	Part 15	Public and non-public entities

SUPPLEMENTARY PROJECT INFORMATION SHEET

PART 8. SMART GROWTH; RIDESHARING PROJECTS; SHUTTLE/FEEDER BUS PROJECTS; REGIONAL TRANSIT INFORMATION PROJECTS; RAIL-BUS INTEGRATION PROJECTS (PUBLIC AGENCIES ONLY)

Provide the data requested below. Section A requests data on the vehicle trips that will be reduced by the project. Section B requests data on any new vehicle trips that will be generated by the project, such as new trips to access a transit station or a Park & Ride lot. If the project has several components, provide the data for each project component on a separate line in Sections A and B. In Section C, explain the basis for the data that you provide in Sections A and B. Cite data sources, explain all assumptions, and show relevant calculations. For existing projects, use project-specific data. For new projects, use survey data or data from similar existing projects. Attach supporting documentation as appropriate.

Note: Vanpool projects and shuttle/feeder bus projects must also complete Part 9 on the next page.

Section A - Vehicle Trips To Be Reduced by Project

Project Component	# Trips Reduced Per Day (One-Way)	# of Transit Riders, Bicyclists and/or Pedestrians That Previously Drove Alone	# Days Per Year	Avg. One-Way Trip Distance	Source of Estimate

Section B - New Vehicle Trips (e.g., trips to access transit station or Park & Ride Lot)

Project Component	# New Access Trips Per Day (One-Way)	# Days Per Year	Avg. One-Way Trip Distance	Source of Estimate

Section C

Explain the basis for the data provided in Sections A and B. Cite data sources, explain all assumptions, and show relevant calculations. Please provide relevant documentation as an Attachment to your application.

SUPPLEMENTARY PROJECT INFORMATION SHEET

PART 9. SHUTTLE/FEEDER BUS PROJECTS & VANPOOL PROJECTS (ADDITIONAL INFORMATION)

For shuttle and feeder bus projects, complete #1 through #14. (Also complete Part 8 on previous page.)

For vanpool projects, complete #1 through #5 only. (Also complete Part 8 on previous page.)

1. New service ☐ Existing service ☐ Modification to existing service ☐

2. Number of vehicles of each type to be used in project:

Total # of vehicles _____

Alternative fuel vehicle _____

Hybrid-electric vehicle _____

Post-1994 diesel vehicle with CARB-certified particulate filter _____

Post-1989 gasoline-fueled vehicle _____

3. For each vehicle:

Engine type	Model year	Fuel type	GVW	Passenger capacity	Annual miles	Total one-way trips/day	Average one-way trip length	# Days/Year of service	Hours of operation	Frequency of service

Attachments: (Shuttle/Feeder Bus Projects Only)

4. Letters of support from all potentially affected public transit agencies? (See Policy #28 in the Application Guidance)
5. Provide map showing shuttle/feeder bus route and stops. Indicate major employment sites to be served.
6. Identify rail or ferry stations to be served. Include the proposed shuttle/feeder bus schedule showing timed connections with arriving or departing train or ferry.
7. For existing shuttle/feeder bus service, attach data showing ridership for the past 3 years.
8. For new or modified shuttle/feeder bus service, attach documentation to support estimates for projected number of users (e.g., survey data from local work sites).
9. Shuttle/feeder bus projects that are not sponsored by a transit agency must submit documentation to demonstrate compliance with TFCA Policy #28 (see Appendix A in *Application Guidance*).
10. Shuttle operators must comply with the requirements of the Americans with Disabilities Act (ADA)

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
a. Does the shuttle/feeder bus providing the service meet the ADA vehicle standards for wheelchair accessibility?	_____	_____	_____
b. Is there comparable paratransit service provided to eligible persons with disabilities?	_____	_____	_____
- 11.. Will service be provided by one of the shuttle/feeder bus vehicle types in Policy #28 (a – d)? _____

SUPPLEMENTARY PROJECT INFORMATION SHEET

PART 10. ARTERIAL MANAGEMENT PROJECTS (Public Agencies Only)

Complete Sections A-C for signal timing projects. In Section A, use a separate line for each segment, each time period (e.g., 9 a.m. – 3 p.m.), and each direction of traffic (e.g., northbound, southbound, etc.). For transit bus traffic signal prioritization projects, complete only Section D.

Section A. Signal Timing

Conditions With and Without Project (Vehicle speed and traffic volume must be measured concurrently.)

Name of Arterial/Segment	Direction of Traffic Flow	Congested Period (e.g. M-F, 4 p.m.-6 p.m.)	# Days per Year of Congestion	Segment Length (nearest 0.1 mile)	Traffic Volume in Congested Period	ADT or Peak Hour Volume	Average Vehicle Speed without Project	Est. Avg. Vehicle Speed with Project

Section B. Projects for which applicants commit to monitoring and, if necessary, retiming lights 2 years after completion of construction will be evaluated using 4 years of project effectiveness instead of the 2 year default value.

Applicant commits to monitoring and retiming lights 2 years after completion of construction.

___Yes ___No

Section C. Which of the following conditions best describes your signal system before and after the proposed project.

Before Condition

- ☐ Non-interconnected pre-timed signals with old timing plans
- ☐ Interconnected pre-timed signals with old timing plans (mainly single-dial)
- ☐ Non-interconnected signals with traffic-actuated controllers
- ☐ Interconnected pre-timed signals with actively managed timing plans (multiple dials)
- ☐ Interconnected pre-timed signals, various forms of master control and various qualities of timing plans
- ☐ Other (describe) _____

After Condition

- ☐ Advanced computer based control
- ☐ Optimization of signal timing plans - No changes in hardware
- ☐ Other (describe) _____

Section D. Transit Bus Traffic Signal Prioritization Projects Only:

Provide the following information for each bus route that would benefit from project:

Route #	Avg. age of buses on route	Distance of bus route (1-way)	Days/yr. of service	Current # of runs/day (1-way)	# of runs/day added w/project	Current avg. speed of run	Estimated avg. speed w/project	Current avg. riders/run	# of new riders expected w/project	Est. # of new riders - previously drove alone

SUPPLEMENTARY PROJECT INFORMATION SHEET

PART 11. BICYCLE FACILITY IMPROVEMENT PROJECTS: BICYCLE PATHS, LANES, AND ROUTES (PUBLIC AGENCIES ONLY)

All bicycle projects must be in an adopted countywide bicycle plan or congestion management program (See Policy #29 in *Application Guidance*). Projects must conform to all applicable Caltrans design guidelines. You may expand this form as needed to provide the information required below.

Attachments: Please provide the following attachments:

- a. Documentation that project is contained in an adopted countywide bicycle plan or congestion management program.
- b. Map of proposed bicycle facility, indicating major activity centers to be served by project.
- c. Map of overall local bicycle network showing existing and planned bikeways.
- d. Schematic diagrams showing cross-section of current roadway without project and with the proposed bicycle facility project.

Project Information: Complete Numbers 1 through 11 below.

1. Project Specifications:

Type of Facility - Class 1, 2, or 3:

Length of proposed facility:

Describe key design specs & features: (e.g., width of lane or path, signals, signs, loop detectors, etc.)

Will project comply with applicable Caltrans design standards? ☐ YES ☐ NO If no, explain:
(See Chapter 1000 in *California Highway Design Manual*)

Describe lighting, landscaping, or other amenities to be provided:

2. Roadway characteristics: Provide the following information for the street or arterial where the project will be constructed. For a Class 1 bicycle path or trail, provide information for the street or arterial, which most closely parallels the planned path or trail.

Name of street or arterial:

Average daily traffic volume (ADT):

Date and location of traffic count:

Posted speed limit:

of vehicle lanes:

Width of outer lane:

Paved shoulder? ☐ YES ☐ NO

Shoulder width:

Auto parking in curb lane? ☐ YES ☐ NO

Describe topography. Describe any hills or grades greater than 5% grade:

Describe existing pavement condition:

SUPPLEMENTARY PROJECT INFORMATION SHEET

(CONT.) PART 11. BICYCLE FACILITY IMPROVEMENT PROJECTS: BICYCLE PATHS, LANES, & ROUTES

3. Relationship of proposed facility to existing and planned bike network:
Would project close a gap in an existing bikeway network? If so, how?

Describe existing and/or planned bicycle facilities within one-half mile of project:
4. Key activity centers: Describe key trip generators and attractors that will be served by the facility (e.g., transit stations, business parks, schools or colleges, retail districts). Indicate distance of each attractor/generator from the proposed facility. If available, provide daily trip volume for each attractor/generator. Describe characteristics of the user population that would support high use of proposed bicycle facility.
5. Is the project contained in the MTC Regional Bicycle Plan? (See http://www.mtc.ca.gov/library/2001_rtp/downloads/bike/final_plan/AppendixA.doc)
If yes, provide documentation.
6. Impact on motor vehicle traffic: Describe how the project will affect the existing roadway design. If the project will reduce motor vehicle capacity, describe the projected impact on motor vehicle speed, traffic congestion, etc. Provide available data or analysis of the project's potential impact on motor vehicle travel as an Attachment.
7. Impact on safety: Describe how the project will mitigate or eliminate any significant safety issues or hazards.
8. Describe the environmental review requirements that pertain to the project. Indicate status of environmental review process and projected date of approval for all necessary environmental documents.
9. Right-of-way status: Does project sponsor own the entire project right-of-way? Describe any land acquisition, easement, encroachment permit, etc. that will be required. Provide documentation of easements or permits, if available, or a schedule to show when all easement, right-of-way, and permits will be secured.
10. Review and approval process: Describe process for securing final approval to implement project. List all steps needed to secure final approval (e.g., neighborhood outreach/meetings, City Council approval, etc.) and provide schedule for all steps.
11. Maintenance of facility: Describe maintenance plan, responsible agency, frequency of maintenance, estimated annual maintenance budget for the project facility, and source of maintenance funds. For bicycle lanes, indicate frequency of routine sweeping of the bike lane.

SUPPLEMENTARY PROJECT INFORMATION SHEET

PART 12. BICYCLE LOCKERS & RACKS/BICYCLE RACKS ON BUSES (Public Agencies Only)

Complete Section A for bicycle lockers and stationary bicycle racks. Complete Section B for bicycle racks on transit buses. Please provide the following as Attachments: 1) documentation to show that project is included in an adopted countywide bicycle plan or county congestion management program; 2) summary of the design specifications for the racks or lockers.

Section A. Bicycle Lockers & Racks:

1. Bicycle lockers - Total # units: # bicycles per unit: Total # of bicycles accommodated:
 Bicycle racks - Total # units: # bicycles per unit: Total # of bicycles accommodated:
2. Describe location of proposed lockers/racks. Describe existing lockers/racks in project area, and occupancy rate of existing lockers/racks. Describe physical environment (indoor, outdoor, covered, lighting, etc.). Attach map of project site(s).
3. Explain why lockers/racks are needed at project site(s).
4. Describe how sites will be selected and criteria that will be used to prioritize sites.
5. Describe how lockers will be assigned to cyclists, length of time that locker will be assigned (e.g., quarterly, annually), and who will be responsible for administering the locker program.
6. Will a fee be charged to rent the lockers? ☐ YES ☐ NO If yes, how much?
7. Describe type of lockers or racks to be purchased and expected lifespan of lockers/racks. Attach summary of specifications.
8. Describe security situation in area where lockers/racks are to be installed.
9. Provide name of locker/rack vendor, if this has been determined.

Section B. Bicycle Racks on Transit Buses:

1. Number of buses to be equipped with racks:
2. Number of bicycles per rack:
3. List routes to be equipped with racks, average daily ridership per route, and length of route (one-way):
4. Percent of runs that will be covered by buses equipped with bicycle racks:
5. Describe previous experience with bicycle racks on buses, if any. Provide data on usage of any existing racks on buses.

SUPPLEMENTARY PROJECT INFORMATION SHEET

PART 13. HEAVY-DUTY CLEAN AIR VEHICLES (Public and Non-Public Entities Eligible)

Provide the following information for heavy-duty clean air vehicles greater than 10,000 lbs. gross vehicle weight (GVW). Vehicles must comply with TFCA Policy #24 (see the *Application Guidance*, Appendix A).

Note: Applicants must complete a separate application form for each fuel type (i.e., one form for natural gas vehicles, one form for electric vehicles, etc.) and for each of the following categories of vehicles: 1) transit buses; 2) shuttle buses; 3) school buses; and 4) heavy-duty vehicles (other than buses). For example, a project sponsor seeking funding for a heavy-duty electric vehicle and a heavy-duty natural gas vehicle will need to submit two separate applications.

Vehicles to be Purchased

1. List only one vehicle type in each column. Provide the vehicle make and model, fuel type, engine maker, engine size, GVW, estimated vehicle life, estimated engine life, NO_x + NMHC certification level, cost of equivalent diesel vehicle, cost of the vehicle, and estimated annual mileage. If estimates of life and annual mileage are different than the actual mileage and life of similar vehicle(s) in the current fleet, explain why.

	Vehicle Type 1	Vehicle Type 2	Vehicle Type 3
# of Vehicles			
Vehicle Make			
Vehicle Model			
Fuel Type			
Engine Maker			
Engine Size (liters)			
Gross Vehicle Weight			
Estimated Vehicle Life (yrs)			
Estimated Engine Life (years)			
NO _x + NMHC Certification Level (g/bhp-hr) **			
Cost of Equivalent Diesel Vehicle			
Cost of Vehicle (each)			
Estimated Annual Mileage			
* Estimated Annual Fuel Use (gal/yr)			

* For street sweepers, refuse vehicles, or other vehicles operating predominantly in stop-and-go applications, estimated annual fuel use (in gallons) may be provided instead of annual mileage. If annual fuel use is provided instead of annual mileage, submit supporting receipts or other documentation.

** Submit one of the following documents indicating the proposed engine's NO_x + NMHC certification level: a copy of the California Air Resources Board (CARB) Executive Order or a copy of the page from CARB's website (www.arb.ca.gov/msprog/moyer/certeng.htm).

2. If applying for funds on behalf of a non-public entity, as outlined in TFCA Policy #6 (See *Application Guidance*, Appendix A), provide a copy of the contract or agreement between the public agency and non-public entity, including language indicating contract duration.

SUPPLEMENTARY PROJECT INFORMATION SHEET

(CONT.) PART 13. HEAVY-DUTY CLEAN AIR VEHICLES

3. TFCA Policy #24 requires that project sponsors scrap one model year 1993 or older vehicle, if available in the project sponsor's fleet, for each new vehicle purchased or leased with TFCA funds. Project sponsors with only model year 1994 and newer vehicles in their fleet may, but are not required to, scrap an existing operational diesel vehicle within their fleet.

- Provide the number of model year 1993 and older heavy-duty diesel vehicles in your fleet. _____
- Provide, in the following table, the vehicles you will be scrapping and indicate if you are scrapping the vehicle to meet the requirements of TFCA Policy #24 or, optionally, to achieve additional emission reductions.

	Vehicle 1	Vehicle 2	Vehicle 3
Scrapping Required or Optional			
Vehicle Model Year			
Vehicle Make			
Vehicle Model			
Fuel Type			
Engine Maker			
Engine Size (liters)			
Gross Vehicle Weight (lbs.)			
Estimated Vehicle Life (years)			
Estimated Engine Life (years)			
NOx + NMHC Certification Level (g/bhp-hr)			
*Estimated Annual Mileage (miles/year)			
* Estimated Annual Fuel Use (gal/yr)			

* Provide annual mileage and/or fuel use.

4. Under TFCA Evaluation Criterion #5 (Disadvantaged and PM Impacted Communities), applications may receive additional points if the project will reduce exposure of sensitive populations (i.e. children, elderly, people with lung problems) to diesel exhaust. To qualify for points, explain how your project will reduce exposure of sensitive populations to diesel exhaust, and provide a map that identifies locations of sensitive populations such as schools, hospitals, and similar sites.
5. Indicate where you plan to refuel/recharge the vehicles identified in this grant application. Indicate whether the refueling/recharging facility is new or existing. If it is a new facility, indicate how the facility will be financed. Is the facility (will it be) accessible to the public? ☐ YES ☐ NO If yes, describe the public access.

SUPPLEMENTARY PROJECT INFORMATION SHEET

PART 14. HEAVY-DUTY VEHICLE REPOWERS (Public and Non-Public Entities Eligible)

Complete this page for vehicle repowers (replacing an old engine with a new engine). Vehicles must have a gross vehicle weight (GVW) greater than 10,000 lbs.

Note: Applicants must complete a separate application form for each fuel type (i.e., one form for natural gas vehicles, one form for electric vehicles) and for each of the following categories of vehicles: 1) transit buses; 2) shuttle buses; 3) school buses; and 4) heavy duty-vehicles (other than buses). For example, a project sponsor seeking funding to repower a heavy-duty, diesel vehicle with a new diesel engine, and a heavy-duty, diesel vehicle with a natural gas engine must submit two separate applications.

Existing Engine

1. List each existing vehicle on a separate row. For each, indicate the engine make and model, engine year, NO_x standard level (if available), fuel type, estimated engine life, and GVW, and Vehicle Identification Number.

Engine Make	Engine Model	Engine Year	NO _x standard level (g/bhp-hr)	Fuel Type	Estimated Engine Life (# years)	GVW	Vehicle Identification Number

Repower Engine

2. For the new repower engine, indicate the make and model, engine year, fuel type, NO_x + NMHC standard level, estimated engine life, and average annual mileage.

Engine Make	Engine Model	Engine Year	Fuel Type	NO _x + NMHC standard level (g/bhp-hr)*	Estimated Engine Life (# years)	Average Annual Mileage	Average Annual Fuel Use (gal/yr)**

* Submit one of the following documents indicating the engine's NO_x + NMHC standard level: a copy of the CARB Executive Order or the page from the California Air Resources Board's (CARB) website: (www.arb.ca.gov/msprog/moyer/certeng.htm).

**For street sweepers, refuse vehicles, or other vehicles operating predominantly in stop-and-go applications, annual fuel use (in gallons) may be provided instead of annual mileage. If annual fuel use is provided instead of annual mileage, submit supporting receipts or other documentation.

3. If available, provide documentation to support estimated engine life of new repower engine.
4. Under TFCA Evaluation Criterion #5 (Disadvantaged and PM Impacted Communities), applications may receive additional points if the project will reduce exposure of sensitive populations (i.e. children, elderly, people with lung problems) to diesel exhaust. To qualify for points, explain how your project will reduce exposure of sensitive populations to diesel exhaust, and provide a map that identifies locations of sensitive populations such as schools, hospitals, and similar sites.

SUPPLEMENTARY PROJECT INFORMATION SHEET

PART 15. HEAVY-DUTY VEHICLE RETROFITS (Public and Non-Public Entities Eligible)

This Project Information Sheet is for vehicle retrofits (installing an aftertreatment device on an existing vehicle). To be eligible, the vehicles must have a gross vehicle weight (GVW) greater than 10,000 lbs (shuttle vehicles less than 10,000 lbs will be considered).

Existing Vehicle and Engine

1. List each existing vehicle on a separate row. For the existing vehicle, indicate the engine make and model, engine year, fuel type, estimated vehicle life, GVW, Vehicle Identification Number, estimated annual mileage, and total vehicle mileage.

	Engine Make	Engine Model	Engine Year	Fuel Type	Est. Vehicle Life	GVW	Vehicle Identification Number	Estimated Annual Mileage	Total Vehicle Mileage	Estimated Annual Fuel Use (gal/yr)*
1										
2										
3										
4										

*For street sweepers, refuse vehicles, or other vehicles operating predominantly in stop-and-go applications, annual fuel use may be provided instead of annual mileage. If annual fuel use is provided instead of annual mileage, submit supporting receipts or other documentation.

Retrofit Device

2. For each vehicle listed above, indicate the corresponding retrofit device. Provide the device name, certification level, and emission reductions (available at <http://www.arb.ca.gov/diesel/verdev/verdev.htm>).

	Retrofit Device	Device Certification Level (1-3) and emissions reductions
1		
2		
3		
4		

3. Under TFCA Evaluation Criterion #5 (Disadvantaged and PM Impacted Communities), applications may receive additional points if the project will reduce exposure of sensitive populations (i.e. children, elderly, people with lung problems) to diesel exhaust. To qualify for points, explain how your project will reduce exposure of sensitive populations to diesel exhaust, and provide a map that identifies locations of sensitive populations such as schools, hospitals, and similar sites.